



Geoffrey Cole
President and CEO

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Norwalk Hospital

Norwalk,
Connecticut 06856

CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

February 8, 2005

Commissioner Cristine Vogel
Office of Health Care Access
410 Capitol Avenue, MS 13HCA
Post Office Box 340308
Hartford, Connecticut 06134

RE: Letter of Intent
Change of Ownership: HEALTHSOUTH Surgery Center of Norwalk, L.P.

Dear Commissioner Vogel:

Attached please find the Letter of Intent for proposed transfer by HEALTHSOUTH Surgery Center of Norwalk, L.P. of the ownership and control and all other rights and interests related to its ambulatory surgery center located at 40 Cross Street in Norwalk, Connecticut.

It is through this Letter of Intent that Norwalk Hospital is seeking to continue to provide within the Norwalk community an alternative facility for the delivery of ambulatory surgical services in a free-standing environment providing consumer choice in site selection.

Please forward any written correspondence to Susan Santoro, Director, Program and Business Development, 34 Maple Street, Norwalk, Connecticut 06850, email at susan.santoro@norwalkhealth.org or by phone at 203-852-2025.

Thank you for your consideration.

Sincerely,

Geoffrey F. Cole
President and Chief Executive Officer

cc: Susan Santoro
Robert Anthony (Brown, Rudnick, Berlack, Israels LLP)



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CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

**State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030**

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Norwalk Hospital Association	
Doing Business As	Norwalk Hospital	
Name of Parent Corporation	Norwalk Health Services	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	Maple Street Norwalk, Connecticut 06856	
Applicant type (e.g., profit/non-profit)	Not-for-Profit	
Contact person, including title or position	Susan Santoro Director, Program and Business Development	
Contact person's street mailing address	Maple Street Norwalk, Connecticut 06856	
Contact person's phone #, fax # and e-mail address	203.852.2025 (Telephone) 203.899.5063 (Fax) susan.santoro@norwalkhealth.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Change Of Ownership: HEALTHSOUTH Surgery Center of Norwalk, L.P.

b. Type of Proposal, please check all that apply:

☐ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

☐ New (F, S, Fnc)

☐ Replacement

☐ Additional (F, S, Fnc)

☐ Expansion (F, S, Fnc)

☐ Relocation

☐ Service Termination

☐ Bed Addition`

☐ Bed Reduction

☒ Change in Ownership/Control

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☒ Project expenditure/cost cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

☐ New

☐ Replacement

☐ Major Medical

☐ Imaging

☐ Linear Accelerator

☒ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

40 Cross Street, Norwalk, Connecticut 06851

- d. List all the municipalities this project is intended to serve:

Norwalk Hospital Primary Service Area includes City of Norwalk, New Canaan, Westport, Wilton and Weston as well as surrounding towns.

- e. Estimated starting date for the project: April 2005.

- f. Type of project: 11,30 (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$ 3,000,000
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$
Medical Equipment (Purchase)	-
Imaging Equipment (Purchase)	-
Non-Medical Equipment (Purchase)	\$
Sales Tax	-
Delivery & Installation	
Total Capital Expenditure	\$ 3,000,000
Fair Market Value of Leased Equipment	-
Total Capital Cost	\$ 3,000,000

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity ☐ Lease Financing ☐ Conventional Loan
☐ Charitable Contributions ☐ CHEFA Financing ☐ Grant Funding
☐ Funded Depreciation ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

SECTION IV. PROJECT DESCRIPTION (CONTINUED)

PROJECT DESCRIPTION

Norwalk Hospital seeks the transfer by HEALTHSOUTH Surgery Center of Norwalk, L.P. of the ownership and control and all other rights and interests related to its ambulatory surgery center located at 40 Cross Street in Norwalk, Connecticut.

On July 24, 2001, OptiCare Eye Health Centers, Inc. and HEALTHSOUTH Surgery Center of Norwalk, L.P., filed a Certificate of Need Application (Docket Number 01-505) with the Office of Health Care Access ("OHCA") proposing the OptiCare Eye Health Centers, Inc. transfer of ownership and control and all other rights and interests related to its ambulatory surgical center located at 40 Cross Street, Norwalk, Connecticut to HEALTHSOUTH Surgery Center of Norwalk, L.P. ("HSCN"). The Office of Health Care Access previously approved the development of the facility as a licensed general purpose ambulatory surgery center on December 16, 1998 under Docket Number 98-540. The change of ownership of the site to HEALTHSOUTH Surgery Center of Norwalk, L.P., was approved by the Office of Health Care Access on October 18, 2001.

Norwalk Hospital is seeking the proposed transfer of ownership of the HEALTHSOUTH Surgery Center of Norwalk, L.P. as a result of their decision to sell the site. Norwalk Hospital would operate the site as an off-site ambulatory department and wholly-owned by Norwalk Hospital. Surgeons on the medical staff of Norwalk Hospital would provide ambulatory surgical services for such potential specialties as ophthalmology, orthopedics, otolaryngology, plastic surgery, and pain management.

Through this proposed transfer of ownership to Norwalk Hospital, consistent with the Clear Public Need Findings of Fact in the prior OHCA decisions, this proposal would continue to provide within the Norwalk community an alternative facility for the delivery of ambulatory surgical services in a free-standing environment providing consumer choice in site selection.

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following: (Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT (NOT APPLICABLE)

Applicant: _____

Project Title: _____

I, _____, _____
(Name) (Position – CEO or CFO)

of _____ being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that _____ complies with the appropriate and (Facility Name) applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Signature

Date _____

Subscribed and sworn to before me on _____

Notary Public/Commissioner of Superior Court

My commission expires:

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical